PTO/SB/30 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

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Request	
For	

## ontinued Examination (RCE) Transmittal

Maryon RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

a collection of information unless it d	isplays a valid OMB control number.
Application Number	10/767,968
Filing Date	January 28, 2004
First Named Inventor	Michael T. Clouser
Art Unit	1746
Examiner Name	Sarah E. Husband
Attorney Docket Number	5060-000134

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

amendments and a	on required under 37 C.F.R. 1.114  amendments enclosed with the RCE will be. If applicant does not wish to have any prof such amendment(s).	e entered in the or	proper, any previously filed der in which they were filed tered amendment(s) enter	d unless applicant		
a. Previously considered	submitted. If a final Office action is outstar as a submission even if this box is not ch	nding, any amendr ecked.	nents filed after the final O	ffice action may be		
	onsider the arguments in the Appeal Brief other	or Reply Brief prev	iously filed on			
b X Enclosed						
	nendment/Reply fidavit(s)/Declaration(s)	iii.	ation Disclosure Statement	(IDS)		
2. Miscellaneo	ous					
a. Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period ofmonths. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required)						
_	<u> </u>					
3. Fees The	RCE fee under 37 C.F.R. 1.17(e) is required by	37 C.F.R. 1.114 who	en the RCE is filed.			
a.  The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No.08-0750						
ii. 🔲 Ex iii. 🖾 Ot	CE fee required under 37 C.F.R. 1.17(e) tension of time fee (37 C.F.R. 1.136 and 1.17 ther <u>Any deficiency for a fee required under the property of 6</u>		<u>r 1.17</u>			
	c in the amount of \$ enclosed					
c. Payment by credit card (Form PTO-2038 enclosed)  WARNING: Information on this form may become public. Credit card information should not						
be included on this form. Provide credit card information and authorization on PTO-2038.						
	SIGNATURE OF APPLICANT,	ATTORNEY OR	AGENT REQUIRED			
Name (Print /Type)   Qavid P. Utykanski		<del></del>	Registration No. (Attorney/Agent) 39,052			
Signature Sand Ruh		Date	January 24, 2007			
	CERT/FICATE OF MA	ILING OR TRANS	MISSION			
I hereby certify that this envelope addressed to: Patent and Trademark C	correspondence is being deposited with the Unit Mail Stop RCE, Commissioner for Patents, P. O Office on the date shown below:	ed States Postal Ser . Box 1450, Alexand	<b></b>			
		Express Mail Label No.	EV 757 778 803 US (1/24/20	99.89 DA 107)		
Signature Date January 24, 2007						
his collection of informat	ion is required by 37 CER 1 11. The information	n is required to obtai	n or retain a hanafit bu the pub	lie which is to file (and by the		

This collection of information is required by 37 CFR 1.11. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestibns for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (01-07)

Approved for use through 01/31/2007. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 4945, 10 person s are required to respond to a collection of information unless it displays a valid OMB control number.

Effection Fees pursuant to the Consolidate	e on 12/0	8/2004 priations Act 2005 (H R	4818).	Complete if Known			
Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Action 005 (H.R. 4818).			A	Application Number 10/767,968			
FEE TRANSWITTAL		Fi	ling Date	January 28, 2004			
for FY 2007		Fi	First Named Inventor Michael T. Clouser		r		
Applicant claims small	entity st	tatus. See 37 CFR 1	.27 E	kaminer Name	Sarah E. Husband		
TOTAL AMOUNT OF PAYMENT				rt Unit	1746		
		(\$) 790	At	Attorney Docket No. 5060-000134			
METHOD OF PAYMENT	(check	all that apply)					
☐ Check ☐ Credit Care	d	Ioney Order \ \ \ \ No.	ne 🗌 Oti	her (please identif	(y):		
Deposit Account Depo					ount Name: Harn	ess, Dickey & F	Pierce, PLC
For the above-ide	ntified de	eposit account, the Dir	ector is her	<del></del>			
Charge fee							ot for the filing fee
		nal fee(s) or underpay	ments of fe	e(s) 🔯 Cred	dit any overpayme	ents	
Under 37 ( WARNING: Information on thi			it card infor	mation should not b	be included on this	form. Provide cr	edit card
information and authorization	on PTO-2	2038.					
FEE CALCULATION							
1. BASIC FILING, SEA		ND EXAMINATION FEES		CH FEES	EVARAIN	ATION FEES	
	FILING	Small Entity	SEAR	Small Entit		Small Entity	
Application Type	<u>Fee (\$</u>		<u>Fee(\$</u>		Fee(\$)	Fee(\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	<u> </u>
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	<u> </u>
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEI	ES						Small Entity
Fee Description						<u>Fee (\$)</u>	Fee (\$)
Each claim over 20 (inc						50	25
Each independent claim		including Reissues)				200	100
Multiple dependent clair Total Claims		Claims Fee(	<b>\$</b> )	Fee Paid (\$)		360 Multiple	180
-20 or HP=		X Y	_ *1				Dependent Claims
HP = highest number of to	_			<u>0</u>		<u>Fee (\$</u>	) Fee Paid (\$)
Indep. Claims			• •	Fee Paid (\$)			
- 3 or HP=	0	X	=	0			
HP = highest number of in	_		er than 3.	<u> </u>			
3. APPLICATION SIZE							
If the specification and dr	awings e	exceed 100 sheets of	oaper (excl	uding electronical	ly filed sequence	or computer	
listings under 37	CFR 1.5:	2(e)), the application	size fee du	e is \$250 (\$125 fo	or small entity) for	r each additions	al 50
		See 35 U.S.C. 41(a)(			, fraction than-	of E <sub>2</sub> = (6)	For Dold (4)
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)						or <u>ree (\$)</u>	Fee Paid (\$)
						= 0	
4. OTHER FEE(S)						Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Request for Continued Examination (RCE)						700.00	
Committee Examination (NCE)							<u>790.00</u>
SUBMITTED BY							
1	1.00	100/	_	Registration No.			

(Sand Only Signature 39.052 (Attorney/Agent) Telephone 248 641-1600 Name (Print/Type) David P. Utykanski Date January 24, 2007